

Commonwealth of Kentucky
Department of Insurance
CITY,COUNTY, OR URBAN COUNTY GOVERNMENT INSURANCE PREMIUM TAX
ANNUAL RECONCILIATION

DUE: MARCH 31

For the year :	For Premiums collected by:	Company officer responsible for preparing return:
(Insurance Company):		Name:
		Title:
		Street Address:
(Employer Identification Number Assigned by Internal Revenue Service)		
		City, State, Zip:
(NAIC Number)		Phone:
Name of City, County, or Urban County Government _____, Kentucky		

SECTION I

	(1) Established Tax Rate %	(2) Premiums Received	(3) Tax Payable [(1) x (2)]	(4) Collection Fee Retained	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
1st Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
Credits (Form LGT 142)						
Total						
2nd Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
Credits (Form LGT 142)						
Total						
3rd Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
Credits (Form LGT 142)						
Total						

SECTION I (Continued)

	(1) Established Tax Rate %	(2) Premiums Received	(3) Tax Payable [(1) x (2)]	(4) Collection Fee Retained	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
Credits (Form LGT 142)						
Total						

Section II**COMPUTATION OF ADDITIONAL PAYMENT DUE**

(Do not complete if no additional tax is due for any quarter.)

Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
1st					
2nd					
3rd					
4th					
Total					

**Section III
Certification**

I hereby certify that the information provided is an accurate statement of the premiums received and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government above named.

(Signature of Company Officer Responsible For Preparing This Return)

(Date)

NOTE: See Filing Instructions.

FORM LGT 140
(11/90)